

EXHIBIT 71

From: Hansen, Gary
To: Woodwick-Sides, Teri; Maharaj, Gary; Stender, Jana; Rock, John; Buehler, Bob
Sent: 9/2/2009 7:28:05 PM
Subject: RE: Bair Hugger abstract at ASA FYI

Teri,

As we just discussed, there is an option to contact the authors with questions. I have several; Russ Olmsted would no doubt think of more.

- Were sampling techniques appropriate?
- Did the sampling include adequate controls?
- Why do the authors believe that bacteria within the hose, if present, would be transported to the patient? The mode of transmission for most bacteria is direct touch, not airborne.
- Why do the authors believe that bacteria entrained in the airstream, if present, pose a risk to patients? Other papers, including Avidan, support the safety of BH when used with a blanket.
- Why is the presence of bacteria on the filter relevant? Doesn't this show that filtration is effective?
- The BH is not sterile. Why is this not put in context with other devices in the OR?
- What was the history of the filter for the first round of testing? Were the filters 6 months old, or much older?
- What was the history of the hoses for the first round of testing? Had they ever been cleaned? When?
- Avidan says: "A microbial filter fitted to the nozzle of the hose could be incorporated into the design of the warmer to reduce the risk of contamination." This does not sound like a recommendation, and the use of such a filter is not supported by Avidan's study.
- The study seems to show that adequate maintenance results in a clean system. Why would an additional end-of-hose filter be necessary? How is the recommendation supported by the evidence?

A vigorous challenge to these findings couldn't hurt.

Gary

From: Woodwick-Sides, Teri
Sent: Wednesday, September 02, 2009 12:31 PM
To: Maharaj, Gary; Hansen, Gary; Stender, Jana; Rock, John; Buehler, Bob
Subject: FW: Bair Hugger abstract at ASA FYI

FYI... From Alex Macario.

From: amaca1025@gmail.com [mailto:amaca1025@gmail.com] **On Behalf Of** A Macario
Sent: Wednesday, September 02, 2009 12:25 PM
To: Woodwick-Sides, Teri
Subject: Bair Hugger abstract at ASA FYI

<http://www.asaabSTRACTS.com/strands/asaabSTRACTS/abstract.htm;jsessionid=33ABBCCB9A96143966382D0010F29692?year=2009&index=15&absnum=342>

A1168

October 20, 2009
9:00 AM - 11:00 AM
Room Area A

Don't Forget To Change the Bair Hugger Filter

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Introduction

Forced air patient warming system such as Bair Hugger (BH) Augustine Medical Inc. Eden Prairie, MN, USA is a clinically effective patient warming device. However a potential disadvantage is that the BH may blow contaminated air.

Material and Methods

Under sterile conditions, cotton swabs were taken from the distal end of the BH tubing and the filter of the BH housed in each OR. All swabs were inoculated onto a Petri dish. Petri dishes were also exposed to ambient air from 29 OR's. The study was done at the time when the BH filters were recommended to be changed [after 6 months or more than 500 hours of usage]. The old filters were discarded and replaced. Three months later the study above was repeated.

Results

In the initial study we found that 8 out of 29 OR's to have had pathological growth. The distal ends of the Bair Huggers were positive for growth in 12 out of 29. Three Bair Hugger filters were positive. Three months later a repeat of the 8 positive OR's, 12 distal ends and the three Bair Huggers showed no growth.

Conclusion

The importance of changing the Bair Hugger filters is confirmed by the study. However the optimum timing as to when the filters should be changed is not clear. More studies are obviously needed. As an added safety feature, it has been recommended that an additional microbial filter be fitted to the distal end of the BH hose (1). The recommendation as to when this filter should be changed is unknown.

Reference

1. Avidan MS, Jones N, Khoosal M, Lundgren C, Morrell DF

Convection warmers – not just hot air. *Anaesthesia* 52. 1073-1076. 1997.